

**Department of Community Services and Development
Energy Education Workshop Intake
CSD 330 (3/2007)**

Workshop Applicant Information

First Name _____ Last Name _____

Home Address _____ City _____

State CA ZIP Code _____

Mailing Address (If different)

_____ State _____ Zip Code _____

Daytime Phone Number _____

Household Size: Number of adults + children = _____

Household Income

Total Monthly Household Income \$ _____

LIHEAP (valid through 12/31/07)		
Size of Household	Monthly	Annual
1	\$1,803.79	\$21,645.52
2	\$2,358.81	\$28,305.68
3	\$2,913.82	\$34,965.84
4	\$3,468.83	\$41,626.00
5	\$4,023.85	\$48,286.16
6	\$4,578.86	\$54,946.32
LIHEAP Additional Family Member Amounts:		
	\$104.06	\$1,248.78

Client Demographics – Enter the number of persons in your household who are:

Elderly (60 years or Older) _____ Age 2 Years and under _____

Disabled _____ Ages 3 Years through 5 Years _____

Age 5 Years or Under _____

DECLARATION: Please read carefully and sign below

I, _____, do hereby declare, under penalty of perjury, that the information that I have provided on this Energy Education Workshop Intake form is true and correct.

Applicant Signature

Date

Agency Only:

Workshop Type: ☐ Interactive ☐ Video-Based

Referred to Wx _____ Referred to Cash Assistance _____